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VS 300   G   Rev. 4/59   D   E   COUNTY   Coun				Registration District No
Rev. 4/59    County   Complete conservations and position of the process of the p	ON THIS STUB			
Description of the print   Country		<u> </u>		a. STATE Missouri b. COUNTY admission)
NAME OF DECASED   First   Middle   Let   OATE   Morth   Day   Year   More   M	Rev. 4/59	잂		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b   c. CITY   Inside Limits
Section   Part	,	₹		DUA HOUTSA MISSOURI   DU ITBA    DUA HOUTSA MUSSOURI
3 3 3 3 3 3 3 3 4 2 5 4 2 5 4 2 5 5 4 6 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del>- '</del>	.  =		C. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  ADDRESS  Ver 57 No 57  Ver 57 No 5
Solid Securation   Part   Interest   Part   Part   Part	222	95		1) LIO STOROGI
Same   Court of the county   Same		<b>'</b> }		(Type or print)  OF
Mail   Coccupation (Give land off work done of during most of working link off work done of during most of working link, even if estired)   De. KIND OF SUSINESS OR INDUSTRY   Ti BikHiPLACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY	4 0			BARRY MAYHURN Uctober 0, 1962
during meat of working life, even if retired)   Lawin Metals Corp.   Corinth, Mississipmi   II. S. AATIER'S NAME   13. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   13. FATIER'S NAME   13. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   13. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   15. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   15. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   15. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   15. MOTHER'S MAIDEN RAME   14. NAME OF HUSAND OR WIFE   15. MOTHER'S MAIDEN RAME   15. MOT				Widowed Divorced Divorced Months Days Hours Min.
13. FATHER'S NAME   13b. MOTHER'S MODE   14. MAREOF HUSBAND OR WIFE   13b. MOTHER'S MODE   14. MAREOF HUSBAND OR WIFE   13b. MOTHER'S MODE   14. MAREOF HUSBAND OR WIFE   13b. MOTHER'S MODE   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   15. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   16. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   16. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   16. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   East Stimular   16. WAS DECRESSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORM				
INKNOWN   INVENTION   INFORMANT   East States Louis, Tilinois   Social Security No.   INFORMANT   East States Louis, Tilinois   East States Louis, Tilinois   INFORMANT   INFORMANT   East States Louis, Tilinois   INFORMANT   INFORMANT   East States Louis, Tilinois   INFORMANT   INFORMANT   INFORMAN	6 ,	§	] ] ] ]	Laborer   Lewin Metals Corp.   Corinth. Mississippi   U.S.A.
15. WAS DECEASED EVER IN U.S. ARAKED PORCES?  10. 00 00 00 00 00 00 00 00 00 00 00 00 0	7 /	일		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN RAME 14. NAME OF HUSBAND OR WIFE
10   10   10   10   10   10   10   10				
10 11 12 90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(Yes, no or unknown) ((If yes, give war or dates of service))
IMMEDIATE CAUSE (a)   IMMEDIATE CAUSE (b)   IMMEDIATE CAUSE (c)   IMMEDIATE CAUSE (c)   IMMEDIATE CAUSE (d)	<del></del>	#   #		INTERVAL RETWEEN
12 90 0   13   14   15   15   15   15   15   15   15	1 10 1		ME	
which gave rise to above cause (a), stating the underlying cause tast.    DUE TO (c)	11			11 4 1
Boyes cause (a).    Stating the under:   DUE TO (c)	17/40 0	I I		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTIONS CONTRIBUTION CONTRIBUTION CONTRIBUTION DAYS.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL CONTRIBUTIONS CONTRIBUTIONS TO COUNTRY IN LAST OF CEMETAL COUNTRY COUNTRY IN LAST OF CEMETAL COUNTRY COUNTRY COUNTRY IN LAST OF CEMETAL COUNTRY COUNTRY COUNTRY COUNTRY IN LAST OF CEMETAL COUNTRY COUN	13	SE SE		above cause (a), stating the under-
NO BEST CHANNEY   20s. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)    Yes   No   Unknown   19. WAS AUTOPSY   20s. ACCIDENT SUICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)				
NOW WHILE AT WORK   20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE with a live on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATIRE (Degree or title)	41 A	1 1	]	disease condition given in PART I (a)  there a pregnancy in last 90 days.
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m	, ,			The state of
TO THE DESTRICT OF HOUR Month, Day, Year INJURY OCCURRED WHILE AT WORK Death occurred at Death occurre		<u> </u>		PERFORMED?
Death occurred et    226. SIGNAFURE   226. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23d. LOCATIO		<u>                                     </u>		
206. INJURY OCCURRED WHILE AT WORK   206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  207. CITY, TOWN, OR LOCATION COUNTY STATE  208. INJURY OCCURRED WHILE AT WORK   207. CITY, TOWN, OR LOCATION COUNTY STATE  209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  206. CITY, TOWN, OR LOCATION COUNTY STATE  207. CITY, TOWN, OR LOCATION COUNTY STATE  208. SIGNETIZE  21. I attended the deceased from peath occurred at month the date stated above, and to the best of my knowledge, from the causes stated.  226. DATE SIGNETIZE  227. DATE SIGNETIZE  228. BURIAL, CREMATION, REMOVAL (Spidiy)  Burial 10/11/62 Booker Washington Cemetery Centreville Township, Illinois	<u>¥</u> δ	<b>₹</b>		이 INJURY a.m. P.m.
Not write At work   21. I attended the deceased from peath occurred at   22a. SIGNARE   22c. DATE SIGNED   22b. ADDRESS   22b. ADDRESS   22c. DATE SIGNED   22c. DATE SIGNED   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   23d. LOCATION (City, town, or			] ] ] ]	20d INJURY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY STATE
Death occurred at 22a. SIGNANE OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  23a. BURIAL, CREMATON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  Burial 10/11/62 Booker Washington Cemetery Centreville Township, Illinois	1 <b>X</b> 1	اوا		NOT WHILE AT WORK
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REMOVAL (Splety)  Burial 10/11/62 Booker Washington Cemetery Centreville Township, Illinois  June 10/11/62 Booker Washington Cemetery Centreville Township, Illinois  25. Date RECC. By Local REG. 10. REGISTRARY SIGNATURE  25. Date RECC. By Local REG. 10. REGISTRARY SIGNATURE	F	S		
ADDRESS 25. DATE RECD. BY LOCAL REG. 10. RECESTRARY SIGNATURE		g		REMOVAL (Spleyy)
	.,	ITEM P	1     1	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 24. REGISTRARY SIGNATURE
Morionte Office Rast St. Touis, Things	•	<b>=</b>		

## STATEMENT BY LICENSED EMBALMER

. 1	hereby cert	fify that th	e body w	/hose nam	ne is rec	corded on the reverse side of this certificate was embalmed by me,		
or by								
working under my personal supervision.						1000.		
Student_		Signature of St	tudent Embal			Signed Marion Office		
	•	*.	•			Licensed Embalmer No. 5./77		
			,	••	:	P. O. Address & St. Low Sel		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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તાર કરે કે જે છે. તેમ જ જો કરાયા કરાયા છે. જો કાર્યો છે. જો માટે જો છે.